

# PLUMBING PERMIT APPLICATION

**Inspections Division**  
**201 W. 5<sup>th</sup> St.**  
**FAX (252) 329-4424**



DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

License #: \_\_\_\_\_ Email: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

Owner: \_\_\_\_\_

## QUANTITY OF PLUMBING FIXTURES:

# of each type fixture:

\_\_\_\_\_ WATER CLOSETS  
\_\_\_\_\_ BATH TUBS (INCLUDE WHIRPOOLS)  
\_\_\_\_\_ LAVATORIES  
\_\_\_\_\_ SINKS (INCLUDE LAUNDRY TRAYS)  
\_\_\_\_\_ SHOWERS  
\_\_\_\_\_ URINALS  
\_\_\_\_\_ WASHING MACHINES  
\_\_\_\_\_ WATER HEATERS  
\_\_\_\_\_ FLOOR DRAINS  
\_\_\_\_\_ DRINKING FOUNTAINS  
\_\_\_\_\_ MISCELLANEOUS: \_\_\_\_\_

\_\_\_\_\_ SEWER/WATER/GAS/SEPTIC (PLEASE CIRCLE)

\_\_\_\_\_ SPRINKLER SYSTEM

\_\_\_\_\_ WATER HEATER CHANGEOUT (location of unit) \_\_\_\_\_

\_\_\_\_\_ GAS OFF 6 MONTHS (gas appliance locations) \_\_\_\_\_

Applicant: \_\_\_\_\_